

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CZ	49	5-18-00
O.I.P.E. CLASSIFIER	RD	61730	2-7-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1 ✓	
2 ✓	
3 ✓	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here